

State of California  
State Water Resources Control Board  
**DIVISION OF WATER RIGHTS**  
**P.O. Box 2000, Sacramento, CA 95812-2000**

Info: (916) 341-5300, FAX: (916) 341-5400, Web: <http://www.waterboards.ca.gov/waterrights>  
Email to: [changerequest@waterboards.ca.gov](mailto:changerequest@waterboards.ca.gov)

## NOTICE OF OWNERSHIP AND AGENT ASSIGNMENT

State Water Resources Control Board  
Division of Water Rights  
P.O. Box 2000  
Sacramento, CA 95812-2000

I am the primary owner of the following water rights or records on file with the State Water Resources Control Board,  
Division of Water Rights:

Application #s: \_\_\_\_\_ Groundwater Recordation #s: \_\_\_\_\_

\_\_\_\_\_

License #s: \_\_\_\_\_ Registration Certificate #s: \_\_\_\_\_

\_\_\_\_\_

Permit #s: \_\_\_\_\_ Statement of Water Diversion & Use #s: \_\_\_\_\_

\_\_\_\_\_

**Choose one or both of the following options:**

I hereby assign all of my right, title, and interest in the water rights or records listed above to the following party.

New Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

I hereby assign the following party to act as the Agent in matters pertaining to the water rights or records listed above, for which they are authorized to receive and submit reports, documents, and correspondence.

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Water Right or Record Holder

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Water Right or Record Holder

Telephone No: \_\_\_\_\_